

OUACHITA BAPTIST UNIVERSITY

WAIVER AND RELEASE OF LIABILITY FOR VOLUNTARY PARTICIPATION IN

Explore Ouachita!, October 2-4, 2019

In consideration of my (my child's) participation in Ouachita Baptist University's Explore Ouachita!, and related events and activities (including any extra-curricular activities in which I choose (my child chooses) to participate), I, the undersigned, for myself, my heirs, executors, administrators and assigns, hereby waive and release any and all claims for damages, for death, personal injury, loss of property or property damage that may subsequently accrue to me or to my heirs, executors, administrators or assigns, as a result of my (my child's) participation in the aforementioned events, including, but not limited to, travel to and from Ouachita's campus and the accompanying activities.

I, the undersigned, release, waive, discharge and covenant not to sue Ouachita Baptist University, its employees, agents, and other representatives and any promoters, sponsors, volunteers, promoting clubs, event officials, and any other persons involved, without limitation, from and any and all liability arising out of or connected in any way with my (my child's) participation in Explore Ouachita! and all related activities, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above. My (my child's) participation is voluntary and done at my (my child's) own risk.

I have read and understand everything written above and I voluntarily sign this waiver and release.

THIS FORM IS INVALID WITHOUT A SIGNATURE. IF THE APPLICANT IS UNDER 18 YEARS OF AGE, THE SIGNATURE OF A PARENT OR GUARDIAN OF THE APPLICANT IS REQUIRED.

Signature of Participant: _____ Date: _____

Printed Name of Participant: _____ Date of Birth: _____

Signature of Parent or Guardian: _____ Date: _____

Printed Name of Parent or Guardian: _____ Relationship: _____

Address of Participant: _____

City: _____ State: _____ Zip: _____